



SSMS Travel Award Application

Please submit your full **ABSTRACT** (PDF file) together with this application form to info@ssms.org.sg.

PART I: TO BE COMPLETED BY APPLICANT		
A. Applicant's Particulars		
Name: <input type="checkbox"/> Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms		Position:
Institute:		Supervisor:
B. Conference Details		
Conference Name:		Conference Description, in brief:
Conference Website:		
Venue:	Period:	
Title of Abstract: <input type="checkbox"/> Oral Presentation <input type="checkbox"/> Poster Presentation		
<i>Please remember to submit your full abstract with the completed application form.</i>		
C. Travel Award – Please 'tick' only ONE. Maximum award amount is indicated in (SGD).		
For Student & Postdoc SSMS Members only: <input type="checkbox"/> AOMSC Conference (SGD 500)		For All SSMS Members: <input type="checkbox"/> Regional (Asia-Oceania) Conference (SGD 500) <input type="checkbox"/> Non-regional International Conference (SGD 1,000)
Financial assistance category:	Please state estimated costs:	For official use by SSMS Treasurer only
<input type="checkbox"/> Airfare (Economy Class only)		
<input type="checkbox"/> Hotel accommodation		
<input type="checkbox"/> Registration fees		
	Total =	Total (less financial assistance already received) =
D. Other Financial Assistance		
Other sources of financial assistance received/applying for, if any:		
<input type="checkbox"/> Yes, please give details below		<input type="checkbox"/> No
Source:	Amount:	



Singapore Society for Mass Spectrometry

For the advancement and sharing of knowledge

E. Publication List – Please list only your most recent publications if there is insufficient space.

F. Brief CV – For students, please state your area of research, GPA and any award/prize received. For others, please state your area of research and relevant MS experience.

G. Declaration

- All information provided on this form is accurate to the best of my knowledge.
- I will inform SSMS if additional financial assistance is subsequently received for the same conference, and I am aware that SSMS Travel Award will be adjusted accordingly to ensure no overlapping of funding.
(This is to avoid over-subsidising and enables SSMS to fund more members who need financial assistance for attending conferences.)

Signature:

Date:

PART II: FOR OFFICIAL USE – TO BE COMPLETED BY SSMS COMMITTEE

Application is supported: Yes No Comments, if any:

Name of *SSMS President/Vice-President/Outreach Coordinator: _____

Signature:

Date:

**Please delete as appropriate.*